

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

09/787860

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	3					
5						
6	1					
7	63					
8	19					
9	19					
10	19					
11	17					
12	17					
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50						
AL	1					
AL	44	↓	↓	↓		
AL	45	↓	↓	↓		
AL	45					
IMS	45					

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IND.	DEP.	IND.	DEP.
51			
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100			
T. TAL IND.		↓	↓
TOTAL DEP.		↓	↓
TOTAL CLAIMS		↓	↓